### **FORM D**

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549



## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

|                       | <u> </u>   |
|-----------------------|------------|
| OMB APPR              | OVAL       |
| OMB Number: 32        | 35-0076    |
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| Estimated average but | rden       |
| hours per response:   | 16.00      |

| SEC USE ONLY  |        |          |  |  |  |  |
|---------------|--------|----------|--|--|--|--|
| Prefix Serial |        |          |  |  |  |  |
| ļ             |        |          |  |  |  |  |
|               | DATE F | RECEIVED |  |  |  |  |
|               |        |          |  |  |  |  |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)                                 |                                                                              |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--|--|--|--|--|--|
| Goldman Sachs Global Manager Strategies Managed Portfolios, L.L.C.: Limited Liabili                                          | ty Company Units                                                             |  |  |  |  |  |  |
| Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506                                                    | □ Section 4(6) □ ULOE                                                        |  |  |  |  |  |  |
| Type of Filing: ☐ New Filing ☑ Amendment                                                                                     | PROCESSED                                                                    |  |  |  |  |  |  |
| A. BASIC IDENTIFICATION DATA                                                                                                 | 0 0000                                                                       |  |  |  |  |  |  |
| Enter the information requested about the issuer                                                                             | NOV 2 8 2000 19                                                              |  |  |  |  |  |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)                                   | DELITEPS                                                                     |  |  |  |  |  |  |
| Goldman Sachs Global Manager Strategies Managed Portfolios, L.L.C.                                                           | THOMSON REUTERS                                                              |  |  |  |  |  |  |
| Address of Executive Offices (Number and Street, City, State Zip Code)                                                       | Telephone Number (including Area Code)                                       |  |  |  |  |  |  |
| One New York Plaza, New York, New York 10004                                                                                 | (212) 902-1000                                                               |  |  |  |  |  |  |
| Address of Principal Business Operations (Number and Street, City, State and Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code)                                       |  |  |  |  |  |  |
| Brief Description of Business                                                                                                | LEDDIN BOID HETEL BOID THAT WITH BOID AND AND AND AND AND AND AND AND AND AN |  |  |  |  |  |  |
| To operate as a private investment fund.                                                                                     |                                                                              |  |  |  |  |  |  |
|                                                                                                                              | 34 E                                                                         |  |  |  |  |  |  |
| Type of Business Organization                                                                                                | 08065905                                                                     |  |  |  |  |  |  |
| □ corporation □ limited partnership, already formed                                                                          | ☑ other (prease specify).                                                    |  |  |  |  |  |  |
| □ business trust □ limited partnership, to be formed                                                                         | Limited Liability Company                                                    |  |  |  |  |  |  |
| Month Year                                                                                                                   |                                                                              |  |  |  |  |  |  |
| Actual or Estimated Date of Incorporation or Organization:  0 6 9 9                                                          | ☑ Actual ☐ Estimated                                                         |  |  |  |  |  |  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrevia                                | tion for                                                                     |  |  |  |  |  |  |
| State: CN for Canada; FN for other foreign ju                                                                                |                                                                              |  |  |  |  |  |  |
| GENERAL INSTRUCTIONS                                                                                                         | <del></del>                                                                  |  |  |  |  |  |  |

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

|      |                                             |                             |        | A. BASIC IDEN'         | IFI              | CATION DATA                               |                                         |                |                                    |
|------|---------------------------------------------|-----------------------------|--------|------------------------|------------------|-------------------------------------------|-----------------------------------------|----------------|------------------------------------|
| 2.   | Enter the information                       | requested for the fo        | llowi  | ng:                    |                  |                                           |                                         |                |                                    |
|      | * Each promoter of                          | of the issuer, if the iss   | uer h  | as been organized v    | ithin            | the past five years;                      |                                         |                |                                    |
|      | •                                           | -                           |        | -                      |                  |                                           | tion of, 10% or                         | more           | of a class of equity securities    |
|      | * Each executive of                         | officer and director o      | f corp | oorate issuers and of  | corp             | orate general and ma                      | naging partner                          | s of pa        | artnership issuers; and            |
|      | * Each general and                          | d managing partner of       | f par  | tnership issuers.      |                  |                                           | ····                                    |                |                                    |
| Che  | ck Box(es) that Apply:                      | Promoter                    |        | Beneficial Owner       |                  | Executive Officer                         | ☐ Director                              | <b>☑</b><br>—— | General and/or Managing Partner    |
| Full | Name (Last name first                       | t, if individual)           |        |                        |                  |                                           |                                         |                |                                    |
| Gol  | dman Sachs Asset Ma                         | anagement, L. <u>P.</u> (tl | e Iss  | uer's Managing M       | embe             | r)                                        |                                         |                | <u> </u>                           |
|      | iness or Residence Ad<br>New York Plaza, Ne | •                           |        | •                      | [ode]            | •                                         |                                         |                |                                    |
|      | ck Box(es) that Apply                       | ·                           |        | Beneficial Owner       | <b>⊘</b><br>* o: | Executive Officer* The Issuer's Managi    |                                         |                | General and/or<br>Managing Partner |
|      | Name (Last name first                       | t, if individual)           |        |                        |                  |                                           |                                         |                | _                                  |
| Bus  | iness or Residence Ad                       | dress (Number and           | l Stre | et, City, State, Zip ( | ode              | 1                                         |                                         |                |                                    |
| One  | New York Plaza, Ne                          | w York, New York            | 100    | 04                     |                  |                                           |                                         |                |                                    |
| Che  | ck Box(es) that Apply:                      | Promoter                    |        | Beneficial Owner       | ☑<br>* o:        | Executive Officer*<br>the Issuer's Managi |                                         |                | General and/or<br>Managing Partner |
|      | Name (Last name first<br>betta, Jennifer    | t, if individual)           |        |                        |                  |                                           |                                         |                |                                    |
| Bus  | iness or Residence Add                      | dress (Number and           | i Stro | et, City, State, Zip ( | ode)             |                                           |                                         | ·              |                                    |
| One  | New York Plaza, Ne                          | w York, New York            | 100    | 04                     |                  |                                           |                                         |                | _                                  |
| Che  | ck Box(es) that Apply:                      | Promoter                    |        | Beneficial Owner       |                  | Executive Officer*<br>the Issuer's Managi |                                         |                | General and/or<br>Managing Partner |
|      | Name (Last name firstlieb, Jason            | t, if individual)           |        |                        |                  | -                                         |                                         |                |                                    |
|      | iness or Residence Ade                      | dress (Number and           | l Stre | et, City, State, Zip ( | ode'             |                                           | *************************************** |                |                                    |
|      | New York Plaza, Ne                          | •                           |        | • •                    | ĺ                |                                           |                                         |                |                                    |
|      | ck Box(es) that Apply:                      |                             |        | Beneficial Owner       |                  | Executive Officer* the Issuer's Managi    |                                         |                | General and/or<br>Managing Partner |
| Full | Name (Last name first                       | t, if individual)           |        |                        |                  |                                           |                                         |                | _                                  |
| Ort. | , Peter                                     | ·<br>                       |        |                        |                  |                                           |                                         |                |                                    |
|      | iness or Residence Ade                      | •                           |        | et, City, State, Zip ( | ode)             |                                           |                                         |                |                                    |
|      | New York Plaza, Ne                          |                             |        |                        |                  | E                                         | Diseases                                |                | Canada and/an                      |
| une  | ck Box(es) that Apply:                      | Promoter                    |        | Beneficial Owner       | <b>✓</b><br>* o: | Executive Officer* the Issuer's Managi    |                                         |                | General and/or Managing Partner    |
| Full | Name (Last name first                       | t, if individual)           |        | -                      |                  |                                           |                                         |                |                                    |
| Ros  | s, Hugh M.                                  |                             |        | <b></b>                |                  |                                           |                                         |                |                                    |
|      | iness or Residence Ade                      | •                           |        | et, City, State, Zip ( | ode)             |                                           |                                         |                |                                    |
|      | New York Plaza, Ne                          |                             |        |                        |                  | D / 007                                   |                                         |                | General and/or                     |

Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                                           |                  |              | B. IN        | FORMAT        | TON ABO                                 | OUT OFF           | ERING        |                 |               |                |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------|--------------|--------------|---------------|-----------------------------------------|-------------------|--------------|-----------------|---------------|----------------|--------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                  |              |              |               |                                         |                   |              |                 |               | Yes            | No           |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                  |              |              |               |                                         |                   |              |                 |               | ☑              |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                  |              | Answer also  | in Append     | ix, Column                              | 2, if filing      | under ULO    | E.              |               |                |              |
| <ul><li>2. What is the minimum investment that will be accepted from any individual?</li><li>*The Issuer's Managing Member may in its sole discretion accept subscription amounts in whatever amount it determines is acceptable.</li></ul>                                                                                                                                                                                                                                                                                                                                                   |                                             |                  |              |              |               |                                         |                   |              | mount it        | \$            | *              |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                  |              |              |               |                                         |                   |              |                 |               | Yes            | No           |
| 3. Does the offering permit joint ownership of a single unit?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |                  |              |              |               |                                         |                   |              |                 |               | $\square$      |              |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |                                             |                  |              |              |               |                                         |                   |              | offering.       |               |                |              |
| Full Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e (Last name                                | e first, if ind  | lividual)    |              |               |                                         |                   |              |                 |               |                |              |
| *Althoug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | , Sachs & C<br>h the securi<br>r in any jur | ities will be    | sold throu   | gh Goldma    | ın, Sachs &   | Co., no co                              | mmissions         | will be paid | d, directly o   | or indirectly | y, for solicit | ting any     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | or Residence                                |                  | Number and   | Street, Cit  | y, State, Zip | Code)                                   | <del>7/7471</del> |              |                 |               | <del></del>    |              |
| 85 Broad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Street, Nev                                 | v York. Ne       | w York 10    | 004          |               |                                         |                   |              |                 |               |                |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Associated E                                |                  |              |              |               |                                         |                   |              |                 |               |                |              |
| States in V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Which Perso                                 | n Listed Ha      | s Solicited  | or Intends t | o Solicit Pu  | ırchasers                               |                   |              |                 | •             | ,              | <del> </del> |
| (Check "                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 'All States"                                | or check inc     | lividual Sta | tes)         |               | *************************************** |                   |              | *************** |               | 🗹 А            | II States    |
| [AL]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | [AK]                                        | [AZ]             | [AR]         | [CA]         | [CO]          | [CT]                                    | [DE]              | [DC]         | [FL]            | [GA]          | [HI]           | [ID]         |
| (IL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | [IN]                                        | [IA]             | [KS]         | [KY]         | [LA]          | [ME]                                    | [MD]              | [MA]         | [MI]            | [MN]          | [MS]           | [MO]         |
| [MT]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | [NE]                                        | [NV]             | [NH]         | [NJ]         | [NM]          | [NY]                                    | [NC]              | [ND]         | [OH]            | [OK]          | [OR]           | [PA]         |
| [RI]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | [SC]<br>e (Last name                        | [SD]             | [TN]         | [TX]         | [UT]          | [VT]                                    | [VA]              | [WA]         | [WV]            | [WI]          | [WY]           | [PR]         |
| 1 un ivanic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C (Last Haine                               | . 11130, 11 1110 | ividualy     |              |               |                                         |                   |              |                 |               |                |              |
| Business of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | or Residence                                | e Address (?     | Number and   | Street, Cit  | y, State, Zip | Code)                                   |                   |              |                 |               |                |              |
| Name of A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Associated B                                | roker or De      | ealer        |              |               |                                         |                   |              |                 |               |                |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Which Perso                                 |                  |              |              |               |                                         |                   |              |                 |               |                |              |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | All States"                                 |                  |              | ,            |               |                                         |                   |              |                 |               |                | 1 States     |
| [AL]<br>[IL]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | [AK]<br>[IN]                                | [AZ]             | [AR]         | [CA]<br>[KY] | [CO]          | [CT]                                    | [DE]              | [DC]         | (FL)            | [GA]          | [HI]           | [ID]         |
| [MT]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | [NE]                                        | [IA]<br>[NV]     | [KS]<br>[NH] | [NJ]         | [LA]<br>[NM]  | [ME]<br>[NY]                            | [MD]<br>[NC]      | [MA]<br>[ND] | [MI]<br>[OH]    | [MN]<br>[OK]  | [MS]<br>[OR]   | [MO]<br>[PA] |
| [RI]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | [SC]                                        | [SD]             | [TN]         | [TX]         | [UT]          | [VT]                                    | [VA]              | [WA]         | [WV]            | [WI]          | [WY]           | [PR]         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Last name                                  |                  |              | (            |               | <u> </u>                                | (                 | []           |                 | []            | []             | [, ,,]       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                  |              |              |               |                                         |                   |              |                 |               |                |              |
| Business of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | or Residence                                | : Address (N     | Number and   | Street, City | y, State, Zip | Code)                                   |                   |              |                 |               |                |              |
| Name of A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Associated B                                | roker or De      | aler         |              |               |                                         |                   |              |                 |               |                |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                  |              |              | _             |                                         |                   |              |                 |               |                |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Vhich Perso<br>All States" o                |                  |              |              |               |                                         |                   | ,            |                 |               |                | All States   |
| `<br>[AL]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | [AK]                                        | [AZ]             | [AR]         | [CA]         | [CO]          | [CT]                                    | [DE]              | [DC]         | [FL]            | [GA]          | [HI]           | [ID]         |
| [IL]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | [IN]                                        | [IA]             | [KS]         | [KY]         | [LA]          | [ME]                                    | [MD]              | [MA]         | [MI]            | [MN]          | [MS]           | [MO]         |
| [MT]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | [NE]                                        | [NV]             | [NH]         | [rN]         | [NM]          | [NY]                                    | [NC]              | [ND]         | [OH]            | [OK]          | [OR]           | [PA]         |
| [RI]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | [SC]                                        | [SD]             | [TN]         | [TX]         | [UT]          | [VT]                                    | [VA]              | [WA]         | [WV]            | [W]           | [WY]           | [PR]         |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1.       | amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.                                                                                                                                        |     |                             |    |                            |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------|----|----------------------------|
|          | Type of Security                                                                                                                                                                                                                                                                                                                                                                       |     | Aggregate<br>Offering Price |    | Amount Already<br>Sold     |
|          | Debt                                                                                                                                                                                                                                                                                                                                                                                   | \$_ | 0                           | \$ | 0                          |
|          | Equity                                                                                                                                                                                                                                                                                                                                                                                 | \$  | 0                           | \$ | 0                          |
|          | ☐ Common ☐ Preferred                                                                                                                                                                                                                                                                                                                                                                   |     |                             |    |                            |
|          | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                            | \$  | 0                           | \$ | 0                          |
|          | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                  | \$  | 0                           | \$ |                            |
|          | Other (Specify): Limited Liability Company Units                                                                                                                                                                                                                                                                                                                                       | \$  | 14,841,180,693              | \$ | 14,841,180,693             |
|          | Total                                                                                                                                                                                                                                                                                                                                                                                  | _   |                             |    | 14,841,180,693             |
|          | Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                               | _   |                             |    |                            |
| 2.       | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             |     | Number                      |    | Aggregate<br>Dollar Amount |
|          |                                                                                                                                                                                                                                                                                                                                                                                        |     | Investors                   |    | Of Purchases               |
|          | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                   | _   | 5,880                       | \$ | 14,841,180,693             |
|          | Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                               | _   | 0                           | \$ | 0                          |
|          | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                | _   | N/A                         | \$ | N/A                        |
| 3.       | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.                                                               |     |                             |    |                            |
|          | Type of offering                                                                                                                                                                                                                                                                                                                                                                       |     | Type of<br>Security         |    | Dollar Amount<br>Sold      |
|          | Rule 505                                                                                                                                                                                                                                                                                                                                                                               |     | N/A                         | \$ | N/A                        |
|          | Regulation A                                                                                                                                                                                                                                                                                                                                                                           | _   | N/A                         | \$ | N/A                        |
|          | Rule 504                                                                                                                                                                                                                                                                                                                                                                               | _   | N/A                         | \$ | N/A                        |
|          | Total                                                                                                                                                                                                                                                                                                                                                                                  | _   | N/A                         | \$ | N/A                        |
| tł<br>tł | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate. | _   | ****                        | •  |                            |
|          | Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                  |     |                             | \$ | 0                          |
|          | Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                           |     |                             | \$ | 0                          |
|          | Legal Fees                                                                                                                                                                                                                                                                                                                                                                             |     | Ø                           | \$ | 1,368,529                  |
|          | Accounting Fees                                                                                                                                                                                                                                                                                                                                                                        |     |                             | \$ | 0                          |
|          | Engineering Fees                                                                                                                                                                                                                                                                                                                                                                       |     |                             | \$ | 0                          |
|          | Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                                   |     |                             | \$ | 0                          |
|          | Other Expenses (identify)                                                                                                                                                                                                                                                                                                                                                              |     |                             | \$ | 0                          |
|          | Total                                                                                                                                                                                                                                                                                                                                                                                  |     | Ø                           | \$ | 1,368,529                  |

| C. OFFERING PRICE, NU                                                                                                                                                                                                                                          | MBER OF INVESTORS, EX                                                | PENS    | SES A       | AND USE OF P                                           | ROCE     | EDS  | 3                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------|-------------|--------------------------------------------------------|----------|------|-----------------------|
| <ul> <li>b. Enter the difference between the aggregate</li> <li>- Question 1 and total expenses furnished in<br/>difference is the "adjusted gross proceeds to the</li> </ul>                                                                                  | response to Part C - Question 4.                                     | a. Th   | is          |                                                        | \$_      | 1    | 14,839,812,164        |
| <ol> <li>Indicate below the amount of the adjusted gro<br/>to be used for each of the purposes shown. If<br/>furnish an estimate and check the box to the<br/>payments listed must equal the adjusted gross to<br/>to Part C - Question 4.b. above.</li> </ol> | the amount for any purpose is not le left of the estimate. The total | know:   | n,<br>1e    |                                                        |          |      |                       |
|                                                                                                                                                                                                                                                                |                                                                      |         |             | Payments to<br>Officers,<br>Directors, &<br>Affiliates |          |      | Payments To<br>Others |
| Salaries and Fees                                                                                                                                                                                                                                              | ,                                                                    |         | \$_         | 0                                                      | _ 0      | \$_  | 0                     |
| Purchase of real estate                                                                                                                                                                                                                                        |                                                                      |         | \$_         | 0                                                      |          | \$_  | 0                     |
| Purchase, rental or leasing and installation of m                                                                                                                                                                                                              | nachinery and equipment                                              |         | \$_         | 0                                                      |          | \$_  | 0                     |
| Construction or leasing of plant buildings and t                                                                                                                                                                                                               | facilities                                                           |         | \$_         | 0                                                      |          | \$_  | 0                     |
| Acquisition of other businesses (including the this offering that may be used in exchange another issuer pursuant to a merger)                                                                                                                                 | for the assets or securities of                                      |         | \$          | 0                                                      | _        | \$   | 0                     |
| Repayment of indebtedness                                                                                                                                                                                                                                      | ***************************************                              |         | <b>s</b>    | 0                                                      | -        | \$   | 0                     |
| Working capital                                                                                                                                                                                                                                                |                                                                      |         | <b>\$</b>   | 0                                                      | -        | \$   | 0                     |
| Other (Specify): Limited Liability Company                                                                                                                                                                                                                     | Units                                                                |         | <b>\$</b> _ |                                                        | -<br>☑   | \$_  | 14,839,812,164        |
| Column Totals                                                                                                                                                                                                                                                  |                                                                      |         | \$_         |                                                        | _ 🗹      | _    | 14,839,812,164        |
| Total Payments Listed (column totals added)                                                                                                                                                                                                                    |                                                                      | ••••••  |             | <b>2</b> \$                                            | 14,839,  | 812, | 164                   |
|                                                                                                                                                                                                                                                                | D. FEDERAL SIGNATU                                                   | RE      |             |                                                        |          |      |                       |
| The issuer has duly caused this notice to be sign following signature constitutes an undertaking by of its staff, the information furnished by the issuer                                                                                                      | the issuer to furnish to the U.S. S                                  | ecuriti | ies an      | d Exchange Comr                                        | nission, | upor |                       |
| ssuer (Print or Type)                                                                                                                                                                                                                                          | Signature                                                            |         |             | Date                                                   |          |      |                       |
| Goldman Sachs Global Manager Strategies<br>Managed Portfolios, L.L.C.                                                                                                                                                                                          | Cowline Kraw                                                         |         |             | November 12,                                           | 2008     |      |                       |
| Name of Signer (Print or Type)                                                                                                                                                                                                                                 | Title of Signer (Print or Type)                                      |         |             |                                                        |          |      | · ·                   |
| Caroline Kraus                                                                                                                                                                                                                                                 | Assistant Secretary of the Iss                                       | uer's l | Mana        | ging Member                                            |          |      |                       |

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

**END**